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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 6418

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|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/747,796 | FILING OR 371(c)<br>DATE<br>12/29/2003<br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1625 | ATTORNEY<br>DOCKET NO.<br>3124/5A/US (6794-<br>000017/D) |
|-----------------------------|--|--------------|------------------------|--|

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/570,731 05/12/2000 PAT 6,750,228  
 which is a CIP of 09/311,837 05/14/1999  
 which is a CIP of 09/256,948 02/24/1999 ABN  
 and is a CIP of 09/191,129 11/13/1998 ABN  
 and is a CIP of 09/186,410 11/05/1998 ABN  
 and claims benefit of 60/095,347 08/04/1998  
 and claims benefit of 60/095,501 08/06/1998  
 and claims benefit of 60/101,080 09/18/1998  
 and said 09/256,948 02/24/1999  
 is a CIP of 09/191,129 11/13/1998 ABN  
 and is a CIP of 09/186,410 11/05/1998 ABN  
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 and claims benefit of 60/095,501 08/06/1998  
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 is a CIP of 09/186,410 11/05/1998 ABN  
 and claims benefit of 60/066,007 11/14/1997  
 and claims benefit of 60/095,347 08/04/1998  
 and claims benefit of 60/095,501 08/06/1998  
 and claims benefit of 60/101,080 09/18/1998  
 and said 09/186,410 11/05/1998  
 claims benefit of 60/066,007 11/14/1997

and claims benefit of 60/095,347 08/04/1998  
 and claims benefit of 60/095,501 08/06/1998  
 and claims benefit of 60/101,080 09/18/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/09/2004

|                                 |   |                  |           |              |                    |
|---------------------------------|---|------------------|-----------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY | SHEETS    | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | IL               | DRAWING 0 | 48           | 2                  |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                  |           |              |                    |

**ADDRESS**

28880

**TITLE**

Aromatic sulfone hydroxamic acid metalloprotease inhibitor

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1404 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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